

Minnesota Voluntary Recognition of Parentage



Instructions:

- Fill this out in blue or black ink. Press hard, using a ballpoint pen.
- **Do not cross out words, leave blanks or make corrections in the shaded boxes or your form will be rejected. If you make a mistake, ask for a new form.**
- Both parents must sign and both signatures must be notarized.
- Complete all requested information before signing this form.

Form Completed at:

- ☐ Hospital
☐ State Registrar (Phone)
☐ State Human Services Office
☐ County Office
☐ Other (Phone)

Child's Information: Make sure name and birth information match your child's birth record.

CHILD'S FIRST NAME	MIDDLE NAME	LAST NAME
BIRTHDATE (month/day/year)		PLACE OF BIRTH (city/country/state/country)

If both parents agree, you can change your child's last name from what is on the birth record. If you do not want to change your child's last name from what appears on the birth record, write "SAME" or leave blank.

CHILD'S NEW LAST NAME

Parent's Information: Make sure name and birth information match your child's birth record.

F a t h e r	FIRST NAME		MIDDLE NAME		LAST NAME		BIRTHDATE (mm/dd/yy)	
	ADDRESS						BIRTHPLACE (state/country if not born in USA)	
	CITY		STATE	ZIP CODE	UNDER 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY NUMBER		
	EDUCATION LEVEL	HISPANIC/LATINO? (optional) <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander/Native Hawaiian		

M o t h e r	FIRST NAME		MIDDLE NAME		LAST NAME		BIRTHDATE (mm/dd/yy)	
	ADDRESS						BIRTHPLACE (state/country if not born in USA)	
	CITY		STATE	ZIP CODE	UNDER 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY NUMBER		
	EDUCATION	HISPANIC/LATINO? (optional) <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander/Native Hawaiian		

Initial to indicate you have read and understand the "Parent's statement," "Waiver of rights" and "Custody issues" sections on the back of this page. Father's initials Mother's initials

I declare that I have examined this form and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

Note: Both parents must sign this form and have their signatures notarized. Parents may sign at different times and in front of different notary publics.

Signature of Father *[Signature]*

X

Sworn/affirmed to before me this _____ day

of _____, 20____

Notary Public Signature *[Signature]*

My commission expires:

Signature of Mother *[Signature]*

X

Sworn/affirmed to before me this _____ day

of _____, 20____

Notary Public Signature *[Signature]*

My commission expires:

☐ Husband's Non-Paternity Statement attached